



County of Los Angeles CHIEF EXECUTIVE OFFICE

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January 11, 2013

TO: Supervisor Mark Ridley-Thomas, Chairman
Supervisor Gloria Molina
Supervisor Zev Yaroslavsky
Supervisor Don Knabe
Supervisor Michael D. Antonovich

FROM: William T Fujioka
Chief Executive Officer

Mitchell H. Katz, M.D.
Director, Department of Health Services

REPORT BACK ON HEALTH CARE REFORM IMPLEMENTATION / TASK FORCE DEVELOPMENT

In our December 10, 2012, report to your Board we indicated that the CEO and DHS would create a Task Force for Health Care Reform (Task Force) to focus coordination among six County departments whose services are vital to the successful implementation of health care reform within Los Angeles County. This will provide you with a report of our progress in determining the scope and purpose of the Task Force, establishing its structure and composition, and identifying the priorities of the involved departments.

Scope and Purpose of the Task Force

The Task Force will work closely with the CEO and Dr. Katz to ensure that DHS and the County Departments of Community and Senior Services, Fire, Mental Health, Public Health, and Public Social Services are effective in their collaborative efforts directed towards successful implementation of health care reform. The Task Force has proactive responsibility and authority to transcend departmental lines in order to promptly identify and resolve issues that may otherwise impede the integration of multi-disciplinary / multi-agency services material to the successful implementation of health care reform. The Task Force has responsibility for monitoring, streamlining and expediting decision-making processes as well as a variety of administrative functions and processes required to ensure continuous progress by the County departments tasked with successful implementation of health care reform.

"To Enrich Lives Through Effective And Caring Service"

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Composition of the Task Force

We have selected Gregory Polk to lead the Task Force and identified key staff to join the Task Force as Lead Representatives from the various administrative departments with oversight responsibility for programmatic compliance, classification and compensation, employment, employee / labor relations and contracting:

Administrative Department	Oversight Area	Lead Representative
Chief Executive Office	Classification/Compensation	Scott Orr, Administrative Services Manager III
	Employee / Labor Relations	Jim Adams, Chief, Employee Relations John Garissi, Principal Analyst
	Health & Mental Health Services	Amy Luftig Viste, Principal Analyst
County Counsel	Contracting	Sharon Reichman, Senior Deputy County Counsel
Health Services	Employment	Elizabeth Jacobi, H.R. Administrator
Human Resources	Employment	Sandra Taylor, Chief Deputy Director Epifanio Peinado, Assistant Director
Internal Services	Procurement	Lillian Fong / Richard Verrett, Purchasing Division
	Facilities	Paul English / Tony Eng, Maintenance Operations

A Steering Committee, consisting of the Task Force Leader and department heads / senior managers from the six associated departments, has been formed to promote open and effective communication. The committee members will identify appropriate representatives from their respective departments to provide subject matter expertise on issues requiring intervention by the Task Force.

Priorities of Participating Departments

The Steering Committee met on December 11, 2012, to identify each department's priorities, strategic goals, objectives and requirements to effectively and successfully implement healthcare reform. A summary of the submission by DHS, DCSS, DMH, DPH and DPSS is provided in Attachment I. The Fire Department's submission is

forthcoming, and the potential exists that other County departments may become involved.

Project Management

The CEO and DHS will designate a project manager to ensure that the focus remains on identified requirements and priorities of each participating department as it relates to the successful implementation of health care reform. Reporting to the Task Force leader, the project manager will be an adjunct member of the Steering Committee and will work in concert with the Task Force to assist each department to achieve their goals, objectives and timelines to ensure effective coordination of all activities necessary to implement health care reform. The project manager will objectively review and study existing systems and processes to improve efficiency and increase effectiveness; facilitate development and reporting of action plans as needed; monitor coordination and progress of scheduled departmental / interdepartmental service integration activities; troubleshoot problems; and develop a dashboard to track and report the progress and achievements of each focused area relative to implementation targets for health care reform by the six departments named herein.

Conclusion

The Task Force has received enthusiastic response from the County departments involved in the implementation of health care reform. The formation of an interdepartmental Steering Committee to collaborate on issues of common concern has been applauded as a positive forum in which to regularly review the individual and interdependent progress of partnered agencies; identify challenges and identify feasibility; share evolving best practices, and develop methods to address mutual concerns.

We are confident that these synchronized efforts will provide the six County departments with the necessary support and resources to meet the expectations of your Board in the successful implementation of health care reform.

A report of the Task Force activities and progress will be presented to your Board on a regular basis.

If you have any questions or require additional information, please contact me or your staff may contact Gregory Polk at (213) 240-8152 or via e-mail to gpolk@dhs.lacounty.gov.

WTF:GP:ga

Attachment

**HEALTH CARE REFORM IMPLEMENTATION / TASK FORCE
GOALS AND PRIORITIES OF PARTICIPATING DEPARTMENTS**

DEPARTMENT OF HEALTH SERVICES

DHS Goals for Task Force Facilitation

Increase HWLA enrollment to 300,000

- DPSS assistance with enrollment and redetermination
- Improve redetermination efforts within DHS
- Outreach to non-healthcare utilizing populations
- Increase primary care capacity

Reduce psychiatric inpatient admin/denied days by 50%

- DMH assistance with placement
- Reduce unnecessary use of psych hold in PES

Reduce medical-surgical admin/denied days by 50%

- Interqual
- CSS to assist with coordinating direct placement of APS adults being seen in ED
- Increase permanent supportive housing availability

Reduce acute hospitalizations of high utilizers with chronic/serious substance abuse problems by 15%

- DPH assistance with improving linkage of high utilizing patients into outpatient care (substance abuse counselors in EDs to provide triage and linkage; reserve availability of outpatient appointments at DMH and contractor providers for high DHS utilizers, etc.)

Develop contracts with Healthcare LA IPA and other IPAs to serve as specialty referral center for CP managed care patients

Develop contracts with health plans for acute rehabilitation, burn unit, and other specialty services where DHS has excess capacity

Develop service models and contracts that will enable assignment of dual-eligible clients to DHS

- County Steering Committee on Duals
- Collaboration with DMH and DPH

Housing more chronically ill, expensive to care for, homeless patients in supportive housing

Speeding up County Administrative Functions that would facilitate DHS's transformation

- Hiring of budgeted positions
- Classification of new positions, and determination of existing and new positions
- Contracting process
 - a. creation of internal nurse registry since it is an immediate need;
 - b. creation of transition plan for medical record filers as we move to electronic records

HEALTH CARE REFORM IMPLEMENTATION / TASK FORCE
GOALS AND PRIORITIES OF PARTICIPATING DEPARTMENTS

DEPARTMENT OF PUBLIC HEALTH
SUBSTANCE ABUSE PREVENTION AND CONTROL (SAPC)

Care Coordination with Other Partners in the County Health Care Service Systems (including Mental Health)

- Ensure that SUD services are included as a component of County health care coordination and that SUD programs directly operated or contracted by DPH/SAPC have the knowledge, skills, and resources for effectively participating in multi-sector patient care coordination.

Exchange of Patient Health Information with Other Partners in the County Health Care Service System (including Mental Health)

- Ensure that substance use disorders (SUD) services are included as a component of the County Electronic Health Record (EHR) system and that SUD programs directly operated or contracted by DPH/SAPC have the knowledge, skills, and resources for using the EHR for managing patient care.

Alignment of Programs and Services with Payer Sources (Medicare, Medi-Cal, Commercial Health Plans)

- Ensure that a comprehensive range of SUD services is included as reimbursable services by major health payer sources, such as Medicare, Medi-Cal, federal Substance Abuse Prevention and Treatment (SAPT) Block Grant and commercial health plans, and that SUD programs directly operated or contracted by DPH/SAPC have the credentials, knowledge, skills, and resources for billing and receiving payment from these public and private revenue sources.
- Ensure that SUD services for populations that remain uninsured or uninsurable after HCR implementation are adequately funded as a component of the County health safety net.

Preparation of the SUD Workforce and Programs

- Ensure that the SUD workforce is adequately trained in evidence-based practices, is appropriately credentialed, and is expanded to appropriately reflect the diversity of County residents.
- Ensure that SUD programs directly operated or contracted by DPH/SAPC have the service capacity and clinical capability to effectively meet the needs of the expanded insured population and those who may be uninsurable in a patient-centered, integrated County health care environment.

HEALTH CARE REFORM IMPLEMENTATION / TASK FORCE
GOALS AND PRIORITIES OF PARTICIPATING DEPARTMENTS

COMMUNITY & SENIOR SERVICES (CSS)

Dissemination of outreach and educational materials by CSS through the following channels:

- Adult Protective Services (APS) clients through social worker home calls
- Seniors and pre-seniors through Area Agency on Aging (AAA) network of providers
- Seniors and pre-seniors that visit our community and senior centers.
- Community members that are referred to Mental Health Services through the Prevention and Early Intervention (PEI) program
- Pre-employment individuals through county-wide WorkSource Centers
- Attendees of events sponsored by supervisorial offices using our Information and Referral program.
- Attendees at Smarter Senior Forums that are co-hosted with Consumer Affairs
- Students attending designated schools through our Human Relations outreach

Collaboration, outreach, enrollment and education with other county departments

- Implementation of an 800 number having a recording to walk enrollees through enrollment process in English and Spanish.
- Provide space in community and senior centers to allow for enrollment in collaboration with DPSS.
- Coordinate with DPSS to outreach to over 100 congregate meal sites to assist with application process.
- Partner with county and city libraries to provide marketing materials.
- Develop public service announcements (PSAs) to be placed in MTA buses.
- Develop a message to be shared with county employees through the county's paycheck distribution.
- Request that all county departments provide outreach materials in their public lobby.
- Work with departments of Consumer Affairs, Parks and Recreation and Beaches and Harbors to provide marketing materials at their locations and events.
- Create a segment on county channel providing information on health care reform.

Participate in the marketing development team to provide expertise on marketing to older adults.

HEALTH CARE REFORM IMPLEMENTATION / TASK FORCE
GOALS AND PRIORITIES OF PARTICIPATING DEPARTMENTS

DEPARTMENT OF PUBLIC SOCIAL SERVICES

Healthy Way LA (HWLA)

- By January 2013, resolve any issues related to DHS funding/claiming for DPSS costs associated with HWLA intake and ongoing eligibility activities.
- Commencing January 2013, significantly increase the percentage of HWLA participants who retain HWLA coverage by submitting a complete HWLA redetermination form to the DHS mail-in location that will be staffed by DPSS eligibility workers.
- Commencing no later than March 2013, utilize DPSS Medi-Cal intake and outreach eligibility workers to process HWLA applications.
- Commencing no later than March 2013, enroll eligible CalFresh participants in HWLA by: (1) identifying on LEADER those CalFresh participants who: (a) are not enrolled in Medi-Cal or HWLA; (b) are age 18 – 64; and (c) are not custodial parents of a minor child; and (2) either auto-enrolling those individuals into HWLA (subject to State approval) as was done for individuals receiving General Relief or implementing an alternative enrollment/outreach strategy.
- Commencing no later than May 2013, identify individuals whose Medi-Cal is terminated due to no linkage to a minor child, having turned 21, or excess property as potentially eligible to HWLA and outreach to enroll as many of those individuals as possible in HWLA.

Medi-Cal Expansion

- By April 2013, secure authority from the State of California to directly claim Medi-Cal administrative funding for those administrative costs associated with health care reform which would ordinarily be cost allocated across the funding streams for all DPSS programs.
- Commencing July 2013, hire the necessary staff (fully-funded with state/federal revenue) to handle an increase in Medi-Cal applications commencing October 2013, and the increase in approved Medi-Cal cases commencing January 2014, due to the increase in applications and the transition of HWLA enrollees into Medi-Cal. This will require available Civil Service lists (which are currently in development), sufficient items, Board approval of additional positions and CEO authority.
- By September 2013, provide workspace for the additional necessary staff without adding any DPSS facilities by utilizing a combination of: (a) available space pockets in current DPSS facilities; (b) part-time telework where employees share a cubicle and work at home and in the office on alternate days; (c) reconfiguration of current DPSS space to accommodate additional staff (with support from CEO and ISD); (d) housing DPSS staff at DHS and other non-DPSS facilities; and € potential extended work hours.
- By September 2013, secure approval from the California Department of Health Care Services (DHCS) to provide increased MEDS access to a sufficient number of additional DPSS employees.

HEALTH CARE REFORM IMPLEMENTATION / TASK FORCE
GOALS AND PRIORITIES OF PARTICIPATING DEPARTMENTS

DEPARTMENT OF MENTAL HEALTH

KEY GOALS

- By February 1, 2013, DMH and DPH will formally approach California Department of Health Care Services (DHCS) concerning a pilot for an augmented alcohol and drug Medicaid benefit.
- By February 15, DMH will convene an expert panel including our health partners (DHS, universities, LA Care and others) to identify health outcomes to be collected within mental health programs. Identification and collection of health outcomes will ensure that DMH is able to monitor the health status of clients along with their mental health status.
- By May 31, 2013 determine an approach to gathering, aggregating, and reporting on the outcome measures selected by the expert panel and by
- June 30, 2013 identify and initiate any changes necessary to the IBHIS configuration as a result of the approach to gathering and reporting the selected outcome measures.
- By March 31, 2013 DMH will analyze and prepare a staffing plan for the new business office, utilization management, provider relations and contract monitoring functions DMH will be required to have as we move into health reform.
- By April 30, 2013 work with DHS, SAPC and CEO Classification/Compensation to develop classifications for individuals who will perform enhanced care coordination/care transition services. Developing new classifications and conducting recruitment efforts will ensure adequate workforce to address the changing roles and functions that will be required for successful ACA implementation and ensure comparable positions across County Departments. Work to create efficiencies in recruitment for these classifications.
- By June 30, 2013 DMH will develop a strategy for implementation of behavioral health homes within both directly operated and contract mental health agencies, including determination of which primary care entities may serve as partners in bi-directional care. DMH will collaborate with DHS, LA Care, HealthNet, ACHSA and CCALAC on this goal.